

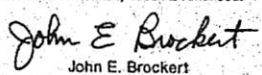
(Explanation--The account of Mrs. Lawton's death as it appeared in the Wave was given in full from information obtained from one of the attendant physicians, and for all we knew was complete. We trust the above letter will correct any erroneous idea regarding operative cares, for we desire, at all times, to give correct information and to deal fairly with all people. -- Wave Pub. C.)

Fannie Susan Davis Lawton Official state of Utah Death Certificate

STATE OF UTAH - DEPARTMENT OF HEALTH			
PLACE OF DEATH County <u>Utah</u> District <u>1-0-3-6-5-4</u> State Board of Health File No. <u>143</u>		STATE OF UTAH - DEATH CERTIFICATE	
Township <u>Provo</u> City <u>Provo</u> No. <u>Provo Hospital</u> Ward <u>1</u>		(If death occurred in a hospital or institution give its NAME (number of a room and number.)	
FULL NAME <u>Fannie S. Lawton</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u> DATE OF BIRTH <u>July 21, 1891</u> AGE <u>30</u> OCCUPATION <u>Housewife</u> BIRTHPLACE <u>Winnemucca, Wyo.</u>	COLOR OR RACE <u>White</u> SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> IF LESS than 1 day, write min.	DATE OF DEATH <u>Dec. 17, 1911</u> I HEREBY CERTIFY, That I attended deceased from <u>Dec. 15, 1911</u> , to <u>Dec. 17, 1911</u> , and that death occurred, on the date stated above, at <u>11:50 a.m.</u> CAUSE OF DEATH <u>Embryoma of the gall bladder complicated by peritonitis</u> Contributory Operations <u>Cholecystectomy</u>	
PARENTS 10 NAME OF FATHER <u>W. E. Davis</u> 11 BIRTHPLACE OF FATHER <u>Marion, Ark.</u> 12 MARRIAGE NAME OF MOTHER <u>Olga Boyd</u> 13 BIRTHPLACE OF MOTHER <u>American</u>		LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death <u>Provo</u> In the State <u>Utah</u> Where was disease contracted? <u>Provo</u> If not at place of death? <u>Provo</u>	
IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Documentary</u> (Address) <u>Provo, Utah</u>		PLACE OF BURIAL OR REMOVAL <u>North Lawn, Provo</u> DATE OF BURIAL <u>Dec. 18, 1911</u> ADDRESS <u>Provo, Utah</u>	
FILED <u>143</u> RECEIVED <u>143</u>		DEATH CERTIFICATE	

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: MAY 16 1995


 John E. Brockert
 DIRECTOR OF VITAL STATISTICS

SL 785666

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOID THIS CERTIFICATION.

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Fannie Susan Davis Lawton Official state of Utah Death Certificate

STATE OF UTAH - DEPARTMENT OF HEALTH			
PLACE OF DEATH County <u>Cedar</u> <u>4-1-0-3-6-5-4</u>		State Board of Health File No. <u>1911-1</u>	
STATE OF UTAH - DEATH CERTIFICATE			
Township _____ or Village _____ City <u>Provo</u>		No. <u>Provo</u> <u>Hospital</u> St. _____ Ward _____ <small>(If death occurred in a hospital or institution give its NAME, location of a street and number.)</small>	
FULL NAME <u>Fannie S. Lawton</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1 SEX <u>Female</u> 2 COLOR OR RACE <u>White</u> 3 MARRIED <u>Married</u> <small>(If wife the word)</small>	4 DATE OF DEATH <u>Dec. 17, 1911</u> <small>(Month) (Day) (Year)</small>		
5 DATE OF BIRTH <u>Jan. 21, 1876</u> <small>(Month) (Day) (Year)</small>	6 I HEREBY CERTIFY, That I attended deceased from <u>Dec. 15, 1911, to Dec. 17, 1911</u> 7 that I last saw her alive on <u>Dec. 17, 1911</u> 8 and that death occurred, on the date stated above, at <u>11:50 a.m.</u>		
9 AGE <u>35</u> <small>If less than 1 day, specify hours and minutes.</small>	9 CAUSE OF DEATH was as follows: <u>Embryoma of the</u> <u>pancreas</u> <u>complicated by</u> <u>peritonitis</u>		
10 OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____	11 Contributory <u>Operation</u> <small>(Assessment)</small> _____ (Duration) _____ (Date) _____		
12 BIRTHPLACE (State or country) <u>Minnesota, U.S.A.</u>	12 SIGNATURE <u>J. M. Auld</u> M.D. <u>Dec. 15, 1911</u> (Address) <u>Provo</u>		
13 PARENTS 10 NAME OF FATHER <u>V. E. Davis</u> 11 BIRTHPLACE OF FATHER (State or county) <u>Massachusetts</u> 12 MARRIAGE NAME OF MOTHER <u>Eliza Boyd</u> 13 BIRTHPLACE OF MOTHER (State or county) <u>Connecticut</u>	14 STATE OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death _____ In the _____ State _____ There was disease contracted _____ If not at place of death? _____ Former or usual residence _____		
15 IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Documentary</u> (Address) _____			
16 <u>John E. Brockert</u> <small>Signature of Informant</small>	17 PLACE OF BURIAL OR REMOVAL <u>North Lawn, Provo</u> 18 DATE OF BURIAL <u>Dec. 18, 1911</u> 19 ADDRESS <u>Provo, Utah</u>		
20 <u>143</u> <small>Number of copies made</small>	21 <u>143</u> <small>Number of copies made</small>		
<small>BEAR CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE</small>			
This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.			
Date Issued: MAY 16 1995	John E. Brockert John E. Brockert DIRECTOR OF VITAL STATISTICS		
SL 785666			
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Fannie Susan Davis Lawton

Official state of Utah Death Certificate

STATE OF UTAH - DEPARTMENT OF HEALTH			
PLACE OF DEATH County <u>Clay</u> Township <u>4-1-0-3-6-5-4</u> Village or City <u>Trona</u> No. <u>1000</u> St. <u>1000</u> Ward <u>1000</u>		State Board of Health File No. <u>1000</u> STATE OF UTAH - DEATH CERTIFICATE (If death occurred in a hospital or institution, give its NAME, location of street and number.)	
FULL NAME <u>Fannie S. Lawton</u>			
PERSONAL AND STATISTICAL PARTICULARS 1 SEX <u>Female</u> 2 COLOR OR RACE <u>White</u> 3 MARRIAGE STATUS <u>Married</u> 4 DATE OF BIRTH <u>July 21</u> 187 <u>6</u> 5 AGE <u>30</u> 10 mo. 10 da. 6 OCCUPATION <u>Housewife</u> 7 BIRTHPLACE <u>Minneapolis, USA</u> 8 NAME OF FATHER <u>W. E. Davis</u> 9 BIRTHPLACE OF FATHER <u>New York</u> 10 MOTHER'S NAME <u>Elizabeth Davis</u> 11 BIRTHPLACE OF MOTHER <u>Minnesota</u> 12 IS THE ABOVE TRUE TO THE BEST OF MY KNOWLEDGE? <u>Yes</u> 13 (Informant's Name) <u>Edw. Hughes</u> 14 (Address) <u>Trona, Ind.</u>		MEDICAL CERTIFICATE OF DEATH 15 DATE OF DEATH <u>Dec 17</u> 191 <u>1</u> 16 I HEREBY CERTIFY, That I attended deceased from <u>Dec 15</u> 191 <u>1</u> , to <u>Dec 17</u> 191 <u>1</u> , that I last saw her alive on <u>Dec 17</u> 191 <u>1</u> , and that death occurred, on the date stated above, at <u>11:50</u> a.m. 17 THE CAUSE OF DEATH* was as follows: <u>Embryoma of the</u> <u>hairs of the</u> <u>complicated by</u> <u>peritonitis</u> 18 Contributory <u>Operation</u> 19 (Duration) <u>2</u> mo. <u>2</u> da. 20 (Signature) <u>J. M. Aird</u> M. D. 21 (Address) <u>Trona</u> * State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. 22 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <u>2</u> yrs. <u>0</u> mo. <u>0</u> da. In the State <u>Ind.</u> Where was disease contracted? <u>Trona, Ind.</u> If not at place of death? Former or usual residence <u>Trona, Ind.</u>	
15 Filed <u>Jan 1</u> 191 <u>2</u> 16 REGISTRAR <u>Edw. Hughes</u> 17 REGISTERED NUMBER <u>143</u> 18 BY BUREAU PERMIT <u>143</u>		19 PLACE OF BURIAL OR REMOVAL <u>North Lawn Nat. Burial</u> 20 DATE OF BURIAL <u>Jan 1</u> 191 <u>2</u> 21 ADDRESS <u>Trona, Ind.</u>	

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE. THIS CERTIFIED COPY IS ISSUED UNDER AUTHORITY OF SECTION 26-2-22 OF THE UTAH CODE ANNOTATED, 1953 AS AMENDED.

Date Issued: MAY 16 1935

John E. Brockert
 John E. Brockert
 DIRECTOR OF VITAL STATISTICS

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